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PURCHASE AND INSTALLATION OF STANDARD EQUIPMENT¹

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On account of the war, the influenza and other exigencies, I had no opportunity for exchanging views with others on standard equipment; what follows outlines a personal experience, only.

In 1914, I did not know what standardization meant. That year we completed a group of new buildings in which were two pavilions of five stories each. When these buildings were shown to the state training school inspector she said, "What splendid buildings to standardize." Being a slow thinker I was wondering what she meant, when she repeated the statement and added, "They are ideal. Don't you think so?" I hesitatingly answered, "Perhaps they are. I hadn't thought much about it." She said, "Won't you think about it seriously?" I said I would and I did, and the more I thought about it the more I wondered what the game was and how it was played. Soon after, I was talking with a group of girls from Teachers College. They were discussing a reunion program. One of them said, "Everything is standardization these days." I asked what standardization was, as applied to equipment, and the answer was, "O, no! You can't fool us that way. You know more about it than we do." I thought if it were a matter of such common knowledge I had best be careful how I displayed my ignorance and so kept quiet.

In 1916, we attended the National League meeting, in New Orleans, where the Gulf Stream is so blue and the Mississippi so yellow, and where our friends did so much for us. At that meeting, standardization was fully and carefully presented and I found that I did know something of it, though I didn't know that I knew. I found that we had practised it in spots without knowing that it was modern efficiency; I saw that our new buildings, in which each floor was like every other floor, was a standardizing of floors; and I then saw how perfectly they were adapted to standardizing the equipment. As every work room was like every other work room and every diet kitchen like every other diet kitchen, I realized how convenient it would be to have the appliances the same and kept in the same place on every floor. The poisons could be kept in the same place in the medicine closets, the name and address would be on every hot water bottle that went to the laundry, and we would even know how many

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gowns and slippers belonged to each ward. It was a pleasant thought, but before I had occasion to express it, our superintendent of nurses came in with a quiet air of determination. Her manner indicated that she was about to start an offensive and do or die in the attempt, but her voice said very quietly and politely, "I wish we could do something about standardizing our equipment." I suppose I gave her one of the surprises of her young life by answering, "A perfectly splendid idea. Let us do it." So the good work began.

Act I. was to prepare lists and decide what should constitute the equipment in each ward. For instance, beds, tables, and chairs were easy; then for the serving room of a ward of twenty-six beds, we decided (on paper) how many plates, cups, trays, forks, and spoons were needed to run that ward; whether it should have one dish pan or two; an egg beater, an egg shaker—or both; whether it needed vinegar, flour, mustard, tea, coffee, nutmeg, and vanilla, and in what quantities; we decided on the number of sauce pans and we even allowed a basket for commerce between floors at night via the dumb-waiter shaft. Whatever was outlined for one serving room, was to be duplicated in four other serving rooms that provided for the same number and class of patients. Another standard was specified for the five kitchens of the private room pavilion, and still another for the maternity department. The work-room equipment was more difficult. The surgical wards needed more basins and instruments; the medical wards, more bathtubs and thermometers; for the men's wards, pajamas; for the women's wards, kimono's; for the children's ward, special equipment not needed in the general wards. Private rooms needed better dishes and more of them, more vases for flowers, and white blankets instead of gray.

In order to lessen future friction, our head nurses were invited to submit lists and were present when they were discussed,—not always in perfect harmony. The heads of departments worked many hours on these specifications.

Just before the breaking point was reached, and just before the stenographer (who had given notice) actually quit, we said: "This is the best we can do."

Act II. was to consult catalogues, select our patterns and write many letters. For instance, what is the price of basin No. 139 in dozen lots? Is it in stock? Will it continue in stock? How soon could it be supplied? Will you please send us samples? The same formula applied to pitchers, jars and all articles of enamel ware, the same with glassware, the same with rubber goods, and so on through the list. There was much excitement when the samples arrived. The pus basin which looked all right in the picture proved to be too large, the vomitus

basin proved too small. A catheter tray was added to the list by a persuasive nurse who said, "If you let us have it, we *promise* not to lose the cover." The selections were finally made and more correspondence followed as to prices, deliveries, etc., and finally the articles came.

Act III. was the distribution which was not so difficult as we had feared. It was done, a few articles each day, for many successive days. In foot tubs, for instance,—a notice was posted that all tubs were to be turned in at a given time and place. These tubs were then sorted, divided into lots and new lots added. Each tub was marked with the number of the floor that was to be its future home and—presto! every floor was standardized as to foot tubs. Every floor had six tubs, every tub was marked with the number of the floor, every tub was to be counted or accounted for every week, and never a new one was to be given to that floor except in exchange for an old one. The same procedure applied to every other article in turn, some 200 in all. Our two main pavilions being known as East Hall and West Hall, our markings were E-1, E-2, W-1, W-2, etc., for floors 1 or 2 of East or West Halls. My assistant, in league with the pharmacist, standardized the medicine closets,—all poisons on the second shelf on the left-hand side, in blue bottles of the same size and shape; all powders in white oblong boxes, alphabetically stacked on the third shelf on the left-hand side; all pills and tablets in round boxes; tinctures together, extracts together, ordinary drugs in daily use on the center front shelf; no new bottles issued except by the pharmacist; no broken bottles replaced except in exchange for the bit of broken bottle bearing the label.

The graduate in charge of the surgical supply rooms standardized the dressings to a considerable extent. A certain number of dressing covers were allotted to each ward and orders for new dressings were to be accompanied by an equal number of empty covers. Our housekeeper, who is a graduate nurse, stocked the central linen room with an adequate number of sheets, gowns, towels, etc., and keeps her stock intact by replacing the worn garments with new.

In buying our equipment, we bought also for our class room. We believe that, even in the smallest demonstration room of one bed, that one bed should be of the same size and height as the ward beds; that the linen and blankets should be the same; also the bed rest and bedside table and all other sick room appliances in ordinary use. We are fortunate in having for teaching purposes a 6-bed ward, with medicine closet, linen room, work room, serving room and bath room. Any student who completes our preliminary course should be able, when placed on duty on any one of the 12 different floors, to put her hands,

without delay, on the aspirin in the medicine closet, the hot water bottles in the work room or the trays in the serving room. She will simply follow the same procedure as that practiced in the class room, where all these articles are kept in corresponding places. This process simplifies her first night duty. I admit I held my breath when I saw five pupils, one on each floor of the private pavilion, each beginning her first night duty on one and the same night, but as I heard no complaints and nothing happened, regular breathing was resumed. They all did things in the same way, found utensils in the same place and, strangeness being absent, they were able to give their whole attention to the personal side of the work.

In standardizing our equipment, we discarded practically nothing. In our department of communicable diseases and in our children's department we were able to place equipment that came from the larger wards and to equip the larger wards with the new appliances.

I was asked to speak of "Installation" and I realize I am off my beat when I sound a note of warning and yet I take the liberty of so doing. I believe in standard equipment, in standard procedure, in standard requirements, I often wish doctors and nurses were better standardized, but when we try to standardize our patients, I think we are in for trouble. Standards are for well people and inanimate objects. Sick people have temporarily lost their normal control and in dealing with them we should forget our standards, get out our psychology, and make them as happy and contented as possible.

THE MAINTENANCE OF STANDARD EQUIPMENT¹

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After the equipment of a hospital has been standardized and is available for use, there is always the problem of keeping that standard the same from day to day, from week to week, or from month to month. The aim is to keep the standard the same for each ward unit and the equipment in the best possible condition, at the least cost of time and energy.

To carry this out, the placing of the equipment is one of the first steps to be considered. The simplest and easiest method is to have the placing the same for each ward unit, then when a nurse goes from one ward to another the only differences will be the patients and the treatments or, in other words, the human element. You are all familiar with the situation where on Ward A., for instance, the

¹ Read at a meeting of the New York State League of Nursing Education.